

APPLICATION FOR READY RESERVE ASSIGNMENT

PRIVACY ACT STATEMENT

AUTHORITY: U.S.C. 275 and Executive Order 9397.

PRINCIPAL PURPOSES: Request for Ready Reserve assignment must contain current personal information to complete processing. Use of the member's social security number is necessary to make positive identification of the individual and his or her records.

ROUTINE USES: This information may be disclosed, upon request, to Federal, State, and local agencies for law enforcement purposes or in pursuit of their official duties and to the Department of Justice for litigation.

DISCLOSURE IS VOLUNTARY: An individual who chooses not to submit necessary documentation will not be eligible for Ready Reserve assignment.

INSTRUCTIONS: Complete the application in duplicate. If you need additional space for any item, attach another sheet which indicates the applicable item number(s).

1. NAME (Last, First, Middle Initial)			2. GRADE		3. DATE OF GRADE		4. SSN		
5. HOME ADDRESS (If different than permanent address, indicate both)					6. PHONE (Include prefix)		7. AFSC		
					Office		Primary		
					Home		Add'l		
8. DATE OF BIRTH			9. HEIGHT (Inches)		10. WEIGHT		11. % DISABILITY COMP REC'D		
12. OFFICER		REGULAR		RESERVE		DATE OF ORIGINAL COMMISSION		13. AIRMAN (ETS)	
14. Remarks/Aeronautical Rating (Indicate if on flying status. If requested assignment will authorize flying duty, indicate flying experience by type of aircraft and hours in each, date and type of instrument card now held, and date of last physical examination.)									
15. PRESENT ASSIGNMENT AND ATTACHMENT (Indicate military branch, unit address, training, and retirement category, MPF Street address, and phone.)					16. ASSIGNMENT DESIRED (Indicate unit preferred, specific program training, and retirement category or description of type of training desired.)				
17. MILITARY SCHOOLS ATTENDED (Indicate date, course number, title, and location.)					18. MILITARY EXPERIENCE (Indicate DAFSC, position title, level of command, highest grade, and duration. List only experience that directly substantiates your qualifications for assignment requested.)				
19. CIVILIAN EDUCATION (Indicate years completed, major subject, and degree, if any.)					20. CIVILIAN EXPERIENCE (In chronological order showing latest experience first, indicate pertinent experience to include employers, positions held, and duration.)				
21. FOR INDIVIDUALS REQUESTING ASSIGNMENT TO A TRAINING SITE BEYOND 100 MILES OF 3 HOURS ONE-WAY DRIVING TIME (AFI 36-2115). I acknowledge my responsibility for any hardships, including financial, incurred in performing the duties of the assignment. I understand I will not be reimbursed for travel expenses incurred for inactive duty training.								APPLICANT'S INITIALS	
22. FOR ALL INDIVIDUALS REQUESTING ASSIGNMENT TO A CATEGORY "A" UNIT OR IMA POSITION. I certify that I have/have not had a UIF established on me within the last 5 years. I understand that if I make a fraudulent statement I am subject to immediate discharge action.								APPLICANT'S INITIALS	
I CERTIFY THAT THE DATA CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO ACKNOWLEDGE THAT UPON MY ASSIGNMENT TO THE READY RESERVE, I AM RESPONSIBLE TO NOTIFY MY EMPLOYER OF MY READY RESERVE STATUS AND THAT AS A READY RESERVIST, I SHALL BE SUBJECT TO INVOLUNTARY ORDER TO ACTIVE DUTY IN TIME OF WAR OR NATIONAL EMERGENCY DECLARED BY THE CONGRESS, A NATIONAL EMERGENCY DECLARED BY THE PRESIDENT, OR WHEN OTHERWISE AUTHORIZED BY LAW.									
22. SIGNATURE OF APPLICANT							23. DATE		

FIRST INDORSEMENT															
TO						FROM									
RECOMMEND		APPROVAL		DISAPPROVAL (State reason(s) in the "REMARKS" section.)				UIF		YES		NO			
REMARKS															
NAME AND TITLE (Please type)						SIGNATURE				DATE					
SECOND INDORSEMENT															
TO						FROM									
RECOMMEND		APPROVAL (Furnish assignment data)		DISAPPROVAL (State reason(s) in the "REMARKS" section.)				UIF		YES		NO			
AUTHORIZED GRADE				AUTHORIZED AFSC				FUNCTIONAL CODE				TRNG & RETIREMENT CATEGORY			
UNIT OR TYPE OF ASSIGNMENT				UNIT		MA		RD		OTHER (Specify)					
RESERVE SECTION CODE				DUTY POSITION NUMBER				ASSIGNMENT LOCATION							
UNIT OF ATTACHMENT						REPORTING OFFICIAL (Name and SSN)									
PAS						UNIT OF ATTACHMENT PAS									
EDCSA				RECRUITER ID CODE				RECRUITER DUTY PHONE							
GRADE WAIVER				YES		NO		AUTH		COMMERCIAL					
REMARKS															
NAME AND TITLE (Please type)						SIGNATURE				DATE					
THIRD INDORSEMENT (Do not include assignment data except to correct original data)															
TO						FROM									
RECOMMEND		APPROVAL		DISAPPROVAL (State reason(s) in the "REMARKS" section.)				UIF		YES		NO			
REMARKS															
NAME AND TITLE (Please type)						SIGNATURE				DATE					
FOURTH INDORSEMENT (Do not include assignment data except to correct original data)															
TO						FROM									
RECOMMEND		APPROVAL		DISAPPROVAL (State reason(s) in the "REMARKS" section.)				UIF		YES		NO			
REMARKS															
NAME AND TITLE (Please type)						SIGNATURE				DATE					